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FROM: J. Tyler McCauley *tm*
Auditor-Controller

SUBJECT: **DEPARTMENT OF HEALTH SERVICES HARRIS-RODDE
SETTLEMENTS - AVERAGE LENGTH OF STAY AND EMERGENCY
DEPARTMENT BOARDING TIME REVIEW FOR QUARTER ENDED
MARCH 2007**

At the request of the Department of Health Services (DHS), we reviewed LAC+USC Medical Center's (LAC+USC) progress in meeting the requirements of the Harris-Rodde lawsuit settlement for the quarter ending March 2007. Our review indicates that LAC+USC accurately reported meeting the requirements for the quarter ending March 2007. Our results for one of the settlement requirements, Emergency Department Boarding Time (EDBT), are limited to a review of the 59% of the visits where LAC+USC had the documentation needed to validate compliance with the requirement.

Background

In December 2005, the County settled lawsuits with plaintiffs Harris and Rodde regarding reducing beds at the LAC+USC replacement facility. Under the settlements, LAC+USC was allowed to immediately reduce 25 budgeted, non-psychiatric beds. LAC+USC is also allowed to reduce an additional 35 budgeted, non-psychiatric beds for each quarter LAC+USC reduces the Average Length of Stay (ALOS) by 0.3 days compared to the previous quarter (from an initial baseline of 6.5 days), and maintains a median EDBT under seven hours. The settlement agreements require the Auditor-Controller to verify the ALOS and EDBT when LAC+USC reports that they have met the targets. On May 16, 2007, we reported that LAC+USC had accurately reported meeting the ALOS and EDBT requirements for the quarter ending December 2006. Our review

of LAC+USC's EDBT for the quarter ending December 2006 was limited to the 54% of the visits where LAC+USC had the documentation needed to validate compliance with the requirement. In May 2007, we also reported that we could not determine if LAC+USC met the EDBT requirement for the quarter ending September 2006.

Review of Reported ALOS

ALOS is the average time between when patients are admitted and when they are discharged from the hospital. LAC+USC records both admission and discharge on the Hospital's Affinity computer system (Affinity). For the quarter ending March 2007, LAC+USC reported an ALOS of 5.4 days, a 0.8 day reduction from the previous quarter.

We reviewed a random statistical sample of 30 records to determine if LAC+USC had accurately reported their ALOS. We noted that the length of stay (LOS) for two (7%) visits did not agree to the source documents we reviewed. For one visit, the LOS was four days longer than was recorded on Affinity. For the second visit, the LOS recorded on Affinity was one day. However, the patient was not actually admitted to LAC+USC, and the visit should not have been included in the ALOS calculation.

Overall, the ALOS for the 30 visits sampled was 4.27 days, compared to 4.17 days recorded on Affinity. None of the variances noted resulted in a material change in LAC+USC's reported ALOS for the quarter ended March 2007.

Review of Reported EDBT

EDBT is the time between when a physician writes an order for a patient to be placed in an inpatient bed (pre-admit date/time) and when the patient is actually placed in the bed (ED discharge date/time). DHS and County Counsel advised us that, for purposes of verifying the reported EDBT, the pre-admit date/time should be taken from the pink copy of the Emergency Room (ER) Record (pink sheet). The ED discharge date/time is recorded in the patient's medical record. Both the pre-admit date/time and the ED discharge date/time are recorded on Affinity. For the quarter ending March 2007, LAC+USC reported a median EDBT of 3.68 hours.

In November 2006, we advised LAC+USC of the need to keep the pink sheets to allow us to validate the reported EDBT. DHS management advised us that they did not keep the pink sheets initially because they believed it would violate regulatory standards that prohibit "shadow" medical records. After discussions with County Counsel and DHS, it was determined that the facility should keep the pink sheets to help implement the settlement agreements and maintain an audit trail to corroborate the pre-admit date/time recorded on Affinity.

For the quarter ending March 2007, we noted that LAC+USC only had completed pink sheets for 59% of the visits that were subject to the EDBT requirement. Thirty-eight

percent of the pink sheets were missing and three percent were incomplete. Ninety-three percent of the missing pink sheets were for visits in January and February. LAC+USC indicated that the missing pink sheets were attributable to staffing issues.

The first step in validating the reported EDBT was to ensure that LAC+USC had included all visits that are subject to the EDBT requirement. We tested a random statistical sample of 59 visits that were excluded from the median EDBT calculation to determine if the visits were properly excluded from the calculation (e.g., patients who were not admitted as inpatients, or were admitted from an outpatient clinic). We noted one (2%) visit that was inappropriately excluded.

We then reviewed a random statistical sample of 194 visits to verify the EDBTs reported on Affinity. We noted that the EDBT for 37 visits (19%) did not agree to the source documents we reviewed. Specifically:

- For 20 visits (10%), the source documents we reviewed showed a longer EDBT than was recorded on Affinity. The EDBT on Affinity for these 20 visits was understated by an average of 1.55 hours.
- For 17 visits (9%), the source documents we reviewed showed a shorter EDBT than was recorded on Affinity. The EDBT on Affinity for the 17 visits was overstated by an average of 3.04 hours.

Overall, our review of the 194 visits showed a median EDBT of 3.38 hours, compared to 3.85 hours recorded on Affinity. None of the variances noted resulted in a material change in the reported median EDBT for the quarter ended March 2007 for visits where pink sheets were available.

DHS and LAC+USC management were very cooperative during our review and actively participated in the review process. Please call if you have any questions, or your staff may contact Jim Schneiderman at (626) 293-1101.

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